

28480

STATE OF OREGON
UNIFORM COMMERCIAL CODE STANDARD FORM UCC-3
 Statement of continuation, assignment, release, termination, amendment, etc.

Vol. M91 Page 7415

PLEASE TYPE
 BE SURE TO COMPLETE AND SIGN THOSE PORTIONS THAT APPLY. **CUSTOMER**
 READ INSTRUCTIONS ON BACK BEFORE FILLING OUT FORM.

A. Check (x) one: ☒ **DEBTOR NAME**, ☐ **CONSIGNEE**, ☐ **LESSEE** Social Sec. number or TIN
 (From original filing or as previously amended)

1. **DON D SUTPHIN**2. **GLORIA J SUTPHIN**3. **DANIEL L SUTPHIN, DAVID C SUTPHIN**

DEBTOR MAILING ADDRESS: (Last Name) (First Name) (Middle)
1809 CHINCCHALLA WAY
KLAMATH FALLS OR 97603

Total Debtor Names: 4

B. Check (x) one: ☒ **SECURED PARTY**, ☐ **CONSIGNOR**, ☐ **LESSOR**
 NAME AND ADDRESS (from original filing or as previously amended)

SOUTH VALLEY STATE BANK
PO BOX 5210

KLAMATH FALLS OR 97601

883-3492

C. ASSIGNEE NAME AND ADDRESS (if any)
 Reserved for Filing Officer Use

This statement refers to original Financing Statement No. **REC VOL M88 PG 19031**

Telephone Number:

☒ **TERMINATION**☐ **ASSIGNMENT**☐ **CONTINUATION**☐ **RELEASE**☐ **AMENDMENT**

No fee is required for filing a termination statement.
 The Secured Party assigns to the Assignee whose name and address is shown, Secured Party's rights under the financing statement bearing the file number shown above in the described collateral.
 Effective only if submitted within six months prior to expiration date.

From the collateral described in the financing statement bearing the file number shown above, the Secured Party releases the following:
 (describe below). Choose one: ☐ **Release of all Collateral** ☐ **Partial Release** **RELEASE DOES NOT TERMINATE DEBT**

This area can be used in listing collateral to be Released, Amendment description, and other information: **Signature of Debtor required in most cases.**

Debtor hereby authorizes the Secured Party to file a carbon, photographic or other reproduction of this form, financing statement or security agreement as a financing statement under ORS Chapter 79.

By:

Required Signature(s)

By:

FARM PRODUCTS STATEMENTS OF CONTINUATION, AMENDMENT, ASSIGNMENT, LAPSE - FORM EFS-3

☐ **LAPSE/TERMINATION**☐ **ASSIGNMENT**☐ **CONTINUATION**☐ **AMENDMENT**

This area for use in listing Farm Product changes, deletions, additions, amendments:

By:

By:

Signature of Debtor(s)

By:

Gale Clark
SOUTH VALLEY STATE BANK

RETURN ACKNOWLEDGEMENT COPY TO: (name and address)

SOUTH VALLEY STATE BANK
801 MAIN ST
KLAMATH FALLS OR 97601

Source of Payment:

Cash ☐Check ☐Visa/MasterCard ☐

(See reverse of Original Copy)

Submit completed form to:

Secretary of State, UCC Section

Capital Bldg., Room 41

Salem, OR 97310

(503) 378-4146

FAX: (503) 373-1166

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of
 of April

South Valley State Bank

A.D., 19 91 at 1:07 o'clock

P. M.

the 23rd dayof Mortgageson Page 7415and duly recorded in Vol. M91

FEE \$5.00

Evelyn Biehn

By

County Clerk